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Thereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).								
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OR								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):								
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	) as assat/a	to seement the understand hele	se the United States	Datast and Tendomade	Office (USDTO) in or	needien with		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).								
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The address associated with Customer Number:			23623					
OR Firm o	OR							
	dual Name	Turocy & Watson, LLP						
Address	127 Public Square, 57th Floor, Key Tower							
City		Cleveland	State Ohi	0	<sup>Žip</sup> 44114			
Country United States								
Telephone		(216) 696-8730 Email		Email watson@th	watson@thepatentattorneys.com			
Assignee Name and Address:								
Getner For	Getner Foundation LLC							
160 Greentree Drive, Suite 101								
Dover, Delaware, 19904								
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be								
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the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.								
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee								
Signature Illaun Inauton Date 4-25-11								
Name Tiffany Grantom					Telephone			
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## DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Tiffany Grantom (whose title is supplied below), hereby declare that I am authorized to sign documents on behalf of Getner Foundation LLC.

Star	Transon
Tiffany Gra	intom

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Authorized Person for Getner Foundation LLC

4-25-11

Date